



The Integrated Community Case Management (iCCM) of Childhood Illness Task Force

Fact Sheet

Diarrhea, malaria and pneumonia are the primary causes of child mortality, accounting for nearly 44 percent of deaths in children under five years of age. The risk of death is highest for children in populations with limited access to health facilities. Integrated community case management (iCCM) of childhood illness—the delivery of timely and low-cost interventions against diarrhea, malaria and pneumonia at community levels by Community Health Workers (CHWs)—is an effective strategy for saving children’s lives.

The iCCM Task Force is an association of multilateral and bilateral agencies and non-governmental organizations, working to promote integrated community level management of childhood illness. The USAID flagship maternal, neonatal and child health program, the Maternal and Child Health Integrated Program (MCHIP), provides secretariat support to the Task Force.

iCCM Task Force Operations

A steering committee sets the overall agenda for the iCCM Task Force so that it is in line with the objectives. The steering committee of the Task Force currently consists of USAID, UNICEF, WHO, Save the Children and MCHIP.

Subgroups comprising experts in a given thematic area e.g. supply chain management (SCM) are formed to carry out specific time bound tasks. Subgroups are often aligned with the eight iCCM benchmarks and develop their own priority tasks in line with overall objectives of the Task Force.

Current subgroups

- Supply Chain Management
- Monitoring and Evaluation
- Operations Research
- Costing and Financing

iCCM Task Force Objectives

1. Advocate for adoption of iCCM in countries with limited access to facility-based treatment services.
2. Harmonize activities in support of introduction, implementation and scale-up of iCCM according to evidence-based standards in target countries.
3. Ensure that countries are receiving state-of-the-art information on best practices and necessary tools for implementation of iCCM.
4. Promote operations and implementation research on iCCM and provide guidance to researchers and other stakeholders on key operations research issues.

Key Task Force Achievements

CCM Benchmarks

The CCM Benchmark Framework is a tool for program planners and managers to systematically design and implement CCM programs from the early phases through to expansion and scale-up. Key activities or steps that should be completed are specified for each component and for each phase of implementation. CCM benchmarks help planners and implementers chart their way towards implementing a comprehensive CCM program at scale by spanning a wide variety of components that cover introduction to expansion. For example, there are benchmarks for coordination, policy setting, human resources, supervision and quality assurance: http://ccmcentral.com/?q=indicators_and_benchmarks

CCM Indicators

The CCM Indicators are a compendium of nine global indicators and a menu of 43 indicators that countries could choose from to monitor national iCCM programs. The CCM indicators complement the CCM benchmarks by providing a harmonized set of metrics to measure CCM implementation and results, covering all eight components and the three program phases. The M&E subgroup developed a CCM Indicators' book which includes indicator reference sheets organized by each CCM Benchmark component. The reference sheets provide guidance on the use and adaptation of each indicator, and they can be accessed at:

http://ccmcentral.com/files/contents/CCM%20indicators_beta_guide_v_August%202013_FINAL.pdf

CCM supplement

The papers in the CCM supplement in the American Journal of Tropical Medicine and Hygiene (November 2012) address iCCM as one of the approaches to help decrease the huge gap in child mortality between the poorest and richest nations. The new evidence contained in this supplement is intended to inform policymakers, program managers, and all partners who are supporting scale up of community treatment programs aimed at reaching poor and disadvantaged children. The CCM supplement papers can be accessed at:

http://www.ajtmh.org/content/87/5_Suppl.toc

Find more information about the task force, as well as useful iCCM tools and resources on the CCMCentral website: www.CCMCentral.com contact: info@ccmcentral.org



Maternal and Child Health Integrated Program (MCHIP)
1776 Massachusetts Avenue NW, Suite 300, Washington, DC 20036
tel: 202.835.3100 e-mail: info@mchip.net